



**CITY OF BELLE ISLE  
NEIGHBORHOOD PRIDE GRANTS**

**Grant Application**

Submit the original application and any attachments to the City of Belle Isle, 1600 Nela Avenue, Belle Isle, FL 32809. Grants will be awarded by the district City Council Commissioner on a first-come, first-served basis.

PLEASE PRINT

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**Applicant Contact Information**

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Applicant Organization Name: \_\_\_\_\_

Project Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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**ALTERNATIVE CONTACT INFORMATION**

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Alternate Contact Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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**GRANT INFORMATION**

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Type of Project — Please select all that apply:

- Landscaping
- Reader Board Sign
- Ground Lighting
- Wall/Fence pressure washing and or painting
- Irrigation "Repairs"
- Fountains
- Other (please explain)
- Project Street Address or Nearest Intersection: \_\_\_\_\_

Total amount of project: \_\_\_\_\_

Grant amount requested: \_\_\_\_\_

Neighborhood participation amount (remainder of invoice) \_\_\_\_\_

## PROJECT INFORMATION

Please provide the answers to the following questions.

1. Description of the Project. This summary should provide an overview of the entire project, including what improvements will be constructed, installed, or applied. Remember to demonstrate the need for the project.  


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2. State the location and land ownership of the proposed project - Is the project on public property? (Right-of-way use agreement/permit will be required.) Please state the exact location of the project, including an address or cross streets.  


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3. Attach 2-5 photos, and include a brief description of each photo. Please also provide the original color photos.
4. Project Maintenance: Describe how the property has been maintained in the past, how the project will be maintained, and by whom after completion.  


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5. Describe why this project is important to the community. Provide a brief summary of how the project will enhance the quality of life in the community. How will this project empower your organization to work together to accomplish common goals and objectives? (i.e., to improve neighborhood communication and participation).  


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## BING TEAM ROSTER

Each organization is required to have at least a 3—to 5-member team that will help plan and implement its community project. Team members must sign the roster as part of the grant application and indicate their role/responsibility on the team.

PRINT NAME & SIGNATURE	ADDRESS/PHONE/EMAIL	ROLE/RESPONSIBILITY
Print		
Signature		
Print		
Signature		
Print		
Signature		
Print		
Signature		
Print		
Signature		

**SUGGESTED TEAM ROLES:** **PROJECT MANAGER** — Team Captain. Responsible for leading projects and getting a group consensus on which project the group wants to pursue. **ASST PROJECT MANAGER** — Co-Captain. Will work in concert with the project manager and assist in obtaining a quote(s) once the project idea has been decided upon. This position can also serve as the "Fund Watcher" monitoring project expenses. **APPLICATION WRITER** — will work with the project manager in organizing and developing the BING application and submitting the final report and pictures upon completion of the project.

**BELLE ISLE NEIGHBORHOOD GRANTS (BING)**

<b>BUDGET AND GRANT REQUEST</b>		
<b>NAME OF BUSINESS</b>	<b>TOTAL COST</b>	<b>DESCRIPTION OF SERVICES</b>
<b>TOTAL AMOUNT OF PROJECT</b>		
<b>GRANT AMOUNT REQUESTED</b>		
<b>NEIGHBORHOOD PARTICIPATION AMOUNT (REMAINDER OF INVOICE)</b>		

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## VENDOR ACKNOWLEDGEMENT FORM

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Your company is bidding to be selected to perform services for a neighborhood organization as part of the Belle Isle Neighborhood Grant (BING).

Please read this acknowledgment in its entirety before proceeding with any activity. By the below form, you are accepting the terms set forth:

- Please attach proof of insurance for workman compensation (waiver of subrogation), Commercial General Liability, and Business Automobile Liability policies with the submission of your quote. *(see attached sample)*
- You acknowledge that you will comply with all vendor requirements.
- You **are not** to start any work on the proposed project until you have been granted permission by The City of Belle Isle.
- The quote provided by your organization should include all costs associated with completing this project, i.e. — labor, material, permitting, engineering and design.
- You understand that if you are completing work that requires permitting, you must be a Belle Isle registered contractor. There is no cost associated with this process.
- You understand that the City of Belle Isle will not be responsible for costs exceeding the amount on the original quote.
- You are aware that the project must be completed within 45 days of approval of the Project.
- If your services or costs have changed or the project is delayed, the City of Belle Isle must be contacted immediately.
- Upon project completion, you are to invoice the City of Belle Isle with the exact products/services identified on the original quote. Any deviation may result in a loss of payment.

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Company Name

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Print Name

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



CITY OF BELLE ISLE  
NEIGHBORHOOD PRIDE GRANTS

Grant Application

FINAL REPORT FORM

To be submitted within 48 hours of completion of the project.  
Please include pictures and the final invoice to the City of Belle Isle.

Neighborhood Association \_\_\_\_\_

GRANT TYPE (CHOOSE ONE)

- Wall Repair
- Capital Improvement
- Sign Grant
- Mini-Grant
- Entranceway
- Landscaping
- Fountain
- Other, explain \_\_\_\_\_

**PROJECT COMPONENT**

Vendor: \_\_\_\_\_

Work Accomplished by Vendor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EXPENDITURES**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Products/Services Received \_\_\_\_\_ Cost \_\_\_\_\_

**VOLUNTEER HOURS**

If residents are providing physical assistance or using their personal time to help complete the project, please provide details and hours worked will be provided. Examples include working on the application, asking for estimates, meeting vendors, preparing the site, and site maintenance.

VOLUNTEER WORK	PERSON'S NAME	TOTAL HOURS

Add an additional sheet if needed.

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**FINAL REPORT FORM – cont'd**

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Neighborhood Association \_\_\_\_\_

Describe the extent to which the original objective of the grant has been achieved.

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Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_